FEC

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM (NARFE-PAC) 606 NORTH WASHINGTON STREET ADDRESS (number and street) (Check if address is changed) ALEXANDRIA 22314-1914 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS sectreas@narfe.org (Check if address X is changed) Optional Second E-Mail Address rapter@narfe.org COMMITTEE'S WEB PAGE ADDRESS (URL) Http:\\www.narfe.org (Check if address is changed) DATE 2017 C00091561 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Hensley, Kathryn, E.,, Type or Print Name of Treasurer Hensley, Kathryn, E.,, [Electronically Filed] 12 07 2018 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

EEC	Form 1 (Revised 02/2009)	Page 2
	F COMMITTEE	raye Z
Candid	ate Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Name of Candidat	e [e	
Candidate Party Aff		State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidat	e <u> </u>	
Party (Committee:	
(d)		(Democratic, Republican, etc.) Party
Politica	Il Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nected organization is
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint F	undraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
C	ommittees Participating in Joint Fundraiser	
1	. • Letter ID number	
2	FEC ID number	
3	. FEC ID number	
4	_ FEC ID number	

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	RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION CO	
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	p PAC Sponsor
NATIONAL ACTIVE A	ND RETIRED FEDERAL EMPLOYEES ASSOCIATION (NA	RFE)
Mailing Address	606 N WASHINGTON STREET	
	ALEXANDRIA VA 22314-1914	
Relationship: x Connected		IP CODE ership PAC Sponsor
Custodian of Records: Iden books and records.	tify by name, address (phone number optional) and position of the person in posse	ession of committee
Hensley, K	athryn, E., ,	.
	606 N. Washington St	
Mailing Address		
	Alexandria , VA , 22314	
	Alexandria VA 22314	
Title or Position	CITY STATE ZI	IP CODE
NATL SECRY TREASURER	Telephone number 703 - 80	38 7760
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	e and address of
Full Name Hensley, K of Treasurer	athryn, E., ,	
Mailing Address	606 N. Washington St	
	Alexandria VA 22314 CITY STATE ZI	P CODE
Title or Position NATL SECRY TREASURER		88 7760

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Full Name of Designated Apter, Ros Agent L		
Mailing Address	606 N. Washington St	
	Alexandria VA 22 CITY STATE	ZIP CODE
Title or Position Political Associate	Telephone number 571	- 483 - 1248
safety deposit boxes or main Name of Bank, Depository,	etc.	, holds accounts, rents
BANK	OF AMERICA	
Mailing Address	730 15th STREET NW 4th FI	
	WASHINGTON DC 20	0005
	CITY STATE	ZIP CODE
Name of Bank, Depository,	etc.	
Mailing Address	6462 LITTLE RIVER TURNPIKE	
	ALEXANDRIA VA 22	312-1444
	CITY STATE	ZIP CODE

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
lame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spons
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC Sp
		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representa	Leadership PAC Sp
Pesignated Agent: Identif		Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi	y by name, address (phone number – optional)		
Pesignated Agent: Identif	y by name, address (phone number – optional)		
Pesignated Agent: Identing Full Name Mailing Address	y by name, address (phone number – optional) CITY		
Full Name Mailing Address TITLE OR POSITION Line Line Line Banks or Other Deposite afety deposit boxes or meaning and services and services are services.	y by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Line Line Line Banks or Other Deposite afety deposit boxes or meaning and services and services are services.	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Canks or Other Deposite afety deposit boxes or make the same of Bank, RAYN	y by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Ganks or Other Deposite afety deposit boxes or make the property of the proposition of Bank, propository, etc.	y by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which aintains funds. IOND JAMES FINANCIAL, INC.	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Ganks or Other Deposite afety deposit boxes or make the property of the proposition of Bank, propository, etc.	y by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which aintains funds. IOND JAMES FINANCIAL, INC.	STATE A	ZIP CODE A

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi n	g Participant:			
1.			FEC ID numbe	
2.			FEC ID numbe	r C
3.			FEC ID numbe	r C
4			FEC ID numbe	r C
ame of Any Connected	Organization, Affiliated	Committee, Joint Fun	draising Representa	tive, or Leadership PAC Spon
Mailing Address				
Relationship:		CITY A	STATE	▲ ZIP CODE ▲
			int Fundraising Represe	entative Leadership PAC S
	d Organization Affiliat by name, address (phoreula)		int Fundraising Represe	entative Leadership PAC S
esignated Agent: Identify			int Fundraising Represe	entative Leadership PAC S
esignated Agent: Identif			int Fundraising Represe	entative Leadership PAC S
esignated Agent: Identif			int Fundraising Represe	entative Leadership PAC S
esignated Agent: Identif	by name, address (phor		int Fundraising Represe	
esignated Agent: Identify Full Name Mailing Address	by name, address (phor	ne number – optional)		
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mail	ries: List all banks or oth	ne number – optional) CITY er depositories in which DVISORY	STATE A	
Full Name	ries: List all banks or oth aintains funds.	ne number – optional) CITY er depositories in which DVISORY	STATE A	ZIP CODE A